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A case of anchylostomiasis at Philadelphia.

SIR: A. O., an Italian boy aged 15, was admitted to the Philadelphia Almshouse hospital April 28, 1901, suffering from abdominal pain, muscular weakness, anorexia, and diarrhea. As he had been in the United States less than one year, and was a public charge, the case was referred by the Commissioner of Immigration to the U. S. Marine-Hospital Service for report and thus came under our observation. The family history showed that the father, mother, sisters, and brothers were well, and none had ever had any similar trouble. The boy was from the province of Mersino, Italy, where he had worked in a brick yard for one year previous to his emigration, and arrived at New York, March 26, 1901. He went directly to western Pennsylvania where he worked in the coal mines, but a short time after his arrival there he noticed the above-mentioned symptoms which developed gradually and increased in severity till he had to stop working. A local physician (evidently misled by the hemic murmur) said he had "heart trouble" after which he drifted to Philadelphia and was admitted to the hospital as above mentioned. On admission the principal symptoms were epigastric pain, headache, flashes of light before the eyes, anorexia, marked constipation, and muscular weakness and pain. Examination showed him to be well developed and nourished, and not very clear mentally. His naturally dark complexion, together with the extreme anæmia, gave his skin a peculiar greenish-yellow tint quite similar to that of a brunette chlorotic. The nails, palms, conjunctivæ, and buccal mucous membrane were pale, and the tongue heavily white furred. Pupils slightly dilated, equal and reacted normally to light and accommodation. Musculature normal. Ophthalmoscopic examination showed a low grade of double optic neuritis, numerous recent scattered hemorrhages (apparently exudative rather than from ruptured vessels) and the pigmentation of older ones. The retinal arteries were very pale, almost as if they contained serum, the veins considerably lighter than normal and the blood column interrupted synchronously with the heart's action. There was distinct pulsation of the cervical vessels and capillary pulsation of the nails. Precordial dullness was enlarged to the right edge of the sternum, second and sixth ribs, and the nipple line. Impulse was forcible and concentrically enlarged while the pulse was large and moderately full. A constant, loud, systolic, blowing murmur was heard over the entire precordial area and was transmitted only to the cervical vessels. The lungs were normal and the liver dullness slightly diminished, which was probably due to a rather tympanitic abdomen. Normal splenic dullness. Legs slightly cedematous. Urine normal, except for a few phosphates. Urea not determined. Blood count showed 1,220,000 red corpuscles, 8,650 colorless corpuscles, and 15 per cent hemaglobin. Temperature, subnormal. Examination of the stools a few days after admission showed numerous ova of the anchylostomum duodenale (less commonly but properly called uncinaria duodenalis). Patient became progressively weaker, developed a temperature of 37.8° to 39° C., which lasted for ten or twelve days and then resumed normal. Ten days after admission blood count showed 871,875 red corpuscles, 6,212 white corpuscles, and 15 per cent hemaglobin. Worms began to pass under the use of thymol in one gram doses, and the patient improved in proportion to the number obtained.

Three weeks after admission the symptoms due to anæmia had disappeared to a considerable extent, but the intestinal disturbance persisted as evidenced by vomiting and diarrhea. Numerous ova continued in

the stools and large numbers of the parasites were obtained by the use of thymol. Two months after admission the general condition was much improved and the blood count showed 2,258,751 red corpuscles, 4,687 white corpuscles, and 45 per cent hemaglobin. At this time only a few worms were obtained, but numerous ova were still passed. Three months after admission the patient was apparently well, except as shown by the blood count and fecal examination. At that time few worms and numerous ova were still passing and the blood count gave 2,002,000 red corpuscles, 5,600 white corpuscles, and 40 per cent hemaglobin.

July 20 the last worms (6) were passed and one week later no ova were to be found. The case was then supposed to be cured, but two weeks later a few ova and worms passed when the case was reported on the certificate of the U. S. Marine-Hospital Service officer on immigration duty that the immigrant was suffering from anchylostomiasis for the cure of which, if it were possible, a prolonged course of treatment would be necessary. About 300 worms in all were passed, the vast majority of which were females; all were fully distended with blood, and on one occasion a male and female were found in sexual contact. An interesting observation in the case was the presence of a few ova of the trichocephalus dispar from time to time, so that the question might be raised as to how much of the anemia was due to the action of those worms.

There are a number of interesting points which are not covered by the above, but the clinical history of the case, as kept by the hospital staff (which served as a basis for the above notes), are silent on them. I am indebted to House Physician Behrend for the accompanying mounted specimen, and for many courtesies in connection with the case. In this connection some work done by Dr. W. Pepper at the Pepper Clinical Laboratory of the University of Pennsylvania may be of interest. He selected an apparently healthy three months' old puppy, and, on June 10, 1901, injected about one and one half ounces of feces from the patient into its stomach and lower bowel, respectively. With the exception of marked retarded growth as compared to the remainder of the litter, nothing of note occurred in the dog's condition till the latter part of September, when it developed a diarrhea and died within six or seven days. Before death a few worms commonly associated with anchylostomiasis (*anguillula stercoralis*) were found, but none of the uncinaria were detected. A very few ova appeared in the stools, but whether they were those of *anguillula stercoralis* or *uncinaria duodenalis* was not determined. Post mortem. A few uncinaria, which contained little blood, were found attached to the upper part of the small intestine, but no condition accounting for the diarrhea was found. Dr. Pepper is of the opinion that the diarrhea was that of marasmus. Further work is being done on other dogs with feces from the deceased one.

Respectfully,

JOHN S. BOGGESS,
Assistant Surgeon, U. S. M. H. S.

Removal of quarantine against Alaska.

PORT TOWNSEND, WASH., October 20, 1901.

SIR: I have the honor to state that, as authorized by Bureau letter (E. B. S., W. P. W., J. H. W.) of October 2, 1901, I have removed the quarantine on Alaska this day, the reports from there being satisfactory.

Respectfully,

M. H. FOSTER,
Assistant Surgeon, U. S. M. H. S.